Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8-13 <u>-08</u>	Address:	Co Rd 300 East E/O
Case #:	<u>22-43446</u>		Railroad tracks
County:	<u>Noble</u>		Rome City, ln 46784
Operation	aboratory Scizure (check one) onal Lab al/Glassware/Equipment (only) to (only)	Scizure Location (c Residence Outbuilding Vehicle	theck all that apply) If otel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (cbeck all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: 5 lbs O2 bottle Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agency		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: cies that serve the location:	
Fire Depart	ment: Rome City ID	Fax: 260-8	
Health Department: Noble Co		Fax: <u>260-6</u> Fax:	
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tpr. Rob Smith Phone 260-432-8661 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.